**FLEXIBLE FACILITIES PROGRAM**

**GRANT APPLICATION**

**Applicant Authorized Representative #2 Signature Form**

Applicant (Local or Tribal Government Name):

Project Title/Name:

This form is required only if the applicant’s local policy or governing body requires that a second authorized representative sign and approve the content and/or submission of the ARPA Capital Projects Fund – Flexible Facilities Program Application. This form must be completed and signed by the second authorized representative and uploaded as Attachment F in the space provided in Section 11 of the application form within DocuSign.

The signatory below certifies that, to the best of their knowledge and belief, the information contained in the 2024 ARPA Capital Projects Fund – Flexible Facilities Program Grant Application completed by and for the applicant and project named above in this document, including all attestations and attachments, is true, accurate and complete. The undersigned further certifies that they have the authority to sign the application as a second authorized representative on the applicant’s behalf.

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| --- | --- | --- | --- |
| Applicant Authorized Representative Signature #2: |  | Date: |  |
|  |  |  |  |
| Typed Full Name: |  | Title: |  |
|  |  |  |  |
| Phone Number: |  | Email: |  |